



## Clinical trial results:

### A Phase III, Randomized, Active-Controlled, Parallel-Group Clinical Trial to Study the Efficacy and Long-Term Safety of Mometasone Furoate / Formoterol Fumarate (MF/F, MK- 0887A [SCH418131]), Compared with Mometasone Furoate (MF, MK-0887 [SCH032088]), in Children with Persistent Asthma

#### Summary

EudraCT number	2009-010110-30
Trial protocol	LV HU DK Outside EU/EEA
Global end of trial date	04 December 2017

#### Results information

Result version number	v1
This version publication date	07 April 2019
First version publication date	07 April 2019

#### Trial information

##### Trial identification

Sponsor protocol code	MK-0887A-087
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##### Additional study identifiers

ISRCTN number	-
ClinicalTrials.gov id (NCT number)	NCT02741271
WHO universal trial number (UTN)	-

Notes:

#### Sponsors

Sponsor organisation name	Merck Sharp & Dohme Corp.
Sponsor organisation address	2000 Galloping Hill Road, Kenilworth, NJ, United States, 07033
Public contact	Clinical Trials Disclosure, Merck Sharp & Dohme Corp., ClinicalTrialsDisclosure@merck.com
Scientific contact	Clinical Trials Disclosure, Merck Sharp & Dohme Corp., ClinicalTrialsDisclosure@merck.com

Notes:

#### Paediatric regulatory details

Is trial part of an agreed paediatric investigation plan (PIP)	No
Does article 45 of REGULATION (EC) No 1901/2006 apply to this trial?	No
Does article 46 of REGULATION (EC) No 1901/2006 apply to this trial?	Yes

Notes:

## Results analysis stage

Analysis stage	Final
Date of interim/final analysis	04 December 2017
Is this the analysis of the primary completion data?	Yes
Primary completion date	04 December 2017
Global end of trial reached?	Yes
Global end of trial date	04 December 2017
Was the trial ended prematurely?	No

Notes:

## General information about the trial

Main objective of the trial:

To demonstrate the efficacy of mometasone furoate/formoterol (MF/F) 100/10 mcg twice daily (BID), compared with mometasone furoate (MF) 100 mcg BID, by evaluating lung function during the first 12 weeks of double-blind treatment in children ages 5–11 years with persistent asthma.

Protection of trial subjects:

This study was conducted in conformance with the ethical principles originating from the Declaration of Helsinki, Good Clinical Practice (GCP) requirements and applicable country and/or local statutes and regulations regarding Independent Ethics Committee (IEC) review, informed consent/assent, and the protection of human participants in biomedical research as stated in the Sponsor's Code of Conduct for Interventional Clinical Trials. The Code of Conduct includes a description of how the study was monitored to ensure compliance with GCP.

Background therapy: -

Evidence for comparator:

To assess the efficacy of MF/F combination therapy, mometasone furoate (MF) monotherapy is the comparator chosen, allowing the trial to demonstrate the contribution of the formoterol (F) component to the clinical benefits of the fixed-dose combination of MF/F in children. The safety and effectiveness of MF monotherapy and F monotherapy has already been established from controlled clinical trials in adults and adolescents, and most recently has been evaluated in children 5-11 years of age (P086 and P178, respectively). The MF comparator product has the same formulation as the MF/F combination product, with the exception that the drug substance F has been removed.

Actual start date of recruitment	11 May 2016
Long term follow-up planned	No
Independent data monitoring committee (IDMC) involvement?	No

Notes:

## Population of trial subjects

### Subjects enrolled per country

Country: Number of subjects enrolled	Colombia: 11
Country: Number of subjects enrolled	Guatemala: 35
Country: Number of subjects enrolled	Hungary: 18
Country: Number of subjects enrolled	Latvia: 9
Country: Number of subjects enrolled	Mexico: 28
Country: Number of subjects enrolled	Romania: 14
Country: Number of subjects enrolled	Russian Federation: 15
Country: Number of subjects enrolled	South Africa: 13
Country: Number of subjects enrolled	United States: 38
Worldwide total number of subjects	181
EEA total number of subjects	41

Notes:

<b>Subjects enrolled per age group</b>	
In utero	0
Preterm newborn - gestational age < 37 wk	0
Newborns (0-27 days)	0
Infants and toddlers (28 days-23 months)	0
Children (2-11 years)	181
Adolescents (12-17 years)	0
Adults (18-64 years)	0
From 65 to 84 years	0
85 years and over	0

## Subject disposition

### Recruitment

Recruitment details: -

### Pre-assignment

Screening details:

Eligible participants had been adequately controlled on a stable dose of an inhaled corticosteroid (ICS)/LABA for at least 4 weeks prior to Visit 1. There were 182 randomized participants, of whom 181 received at least one dose of blinded study medication as reflected in the enrollment data.

### Period 1

Period 1 title	Treatment (overall period)
Is this the baseline period?	Yes
Allocation method	Randomised - controlled
Blinding used	Double blind
Roles blinded	Investigator, Subject

Blinding implementation details:

A double-blind/masking technique was used during the double-blind treatment Period. MF/F 50/5 mcg and MF 50 mcg, both given by metered-dose inhaler (MDI), were packaged identically so that blind/masking was maintained. The randomized dosages of MF/F 100/10 mcg or MF 100 mcg were obtained after inhalation of two puffs of MF/F 50/5 mcg or MF 50 mcg, respectively. The Run-in Period was open-label MF monotherapy, taken as 2 puffs of MF 50 mcg BID.

### Arms

Are arms mutually exclusive?	Yes
<b>Arm title</b>	MF/F MDI 100/10 mcg BID

Arm description:

Eligible participants were assigned randomly to receive double-blinded mometasone furoate/formoterol fumarate (MF/F; MK-0887A) administered as 2 puffs of MF/F 50/5 mcg BID for 24 weeks.

Arm type	Experimental
Investigational medicinal product name	mometasone furoate/formoterol
Investigational medicinal product code	
Other name	MK-0887A SCH418131
Pharmaceutical forms	Pressurised inhalation, suspension
Routes of administration	Inhalation use

Dosage and administration details:

Administered BID via MDI

<b>Arm title</b>	MF MDI 100 mcg BID
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Arm description:

Eligible participants were assigned randomly to receive double-blinded mometasone furoate (MF; MK-0887) administered as 2 puffs of MF 50 mcg BID for 24 weeks.

Arm type	Active comparator
Investigational medicinal product name	mometasone furoate
Investigational medicinal product code	
Other name	MK-0887 SCH032088
Pharmaceutical forms	Pressurised inhalation, suspension
Routes of administration	Inhalation use

Dosage and administration details:

Administered BID via MDI

<b>Number of subjects in period 1</b>	MF/F MDI 100/10 mcg BID	MF MDI 100 mcg BID
Started	91	90
Completed	89	88
Not completed	2	2
Lost to follow-up	2	-
Withdrawal by parent/guardian	-	2

## Baseline characteristics

### Reporting groups

Reporting group title	MF/F MDI 100/10 mcg BID
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Reporting group description:

Eligible participants were assigned randomly to receive double-blinded mometasone furoate/formoterol fumarate (MF/F; MK-0887A) administered as 2 puffs of MF/F 50/5 mcg BID for 24 weeks.

Reporting group title	MF MDI 100 mcg BID
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Reporting group description:

Eligible participants were assigned randomly to receive double-blinded mometasone furoate (MF; MK-0887) administered as 2 puffs of MF 50 mcg BID for 24 weeks.

Reporting group values	MF/F MDI 100/10 mcg BID	MF MDI 100 mcg BID	Total
Number of subjects	91	90	181
Age Categorical			
Units: Subjects			
In utero	0	0	0
Preterm newborn infants (gestational age < 37 wks)	0	0	0
Newborns (0-27 days)	0	0	0
Infants and toddlers (28 days-23 months)	0	0	0
Children (2-11 years)	91	90	181
Adolescents (12-17 years)	0	0	0
Adults (18-64 years)	0	0	0
From 65-84 years	0	0	0
85 years and over	0	0	0
Age Continuous			
This study included children (5 to 11 years of age) with persistent asthma.			
Units: years			
arithmetic mean	9.1	9.1	
standard deviation	± 1.7	± 1.7	-
Gender Categorical			
Units: Subjects			
Female	46	43	89
Male	45	47	92

## End points

### End points reporting groups

Reporting group title	MF/F MDI 100/10 mcg BID
Reporting group description:	
Eligible participants were assigned randomly to receive double-blinded mometasone furoate/formoterol fumarate (MF/F; MK-0887A) administered as 2 puffs of MF/F 50/5 mcg BID for 24 weeks.	
Reporting group title	MF MDI 100 mcg BID
Reporting group description:	
Eligible participants were assigned randomly to receive double-blinded mometasone furoate (MF; MK-0887) administered as 2 puffs of MF 50 mcg BID for 24 weeks.	

### Primary: Change From Baseline in the 60-Minute Area Under the Curve (AUC) for the Percent Predicted Morning (AM) Post-Dose Forced Expiratory Volume in 1 Second (FEV1)

End point title	Change From Baseline in the 60-Minute Area Under the Curve (AUC) for the Percent Predicted Morning (AM) Post-Dose Forced Expiratory Volume in 1 Second (FEV1)
End point description:	
The change from baseline in the 60 minute AUC for post-dose AM % predicted FEV1 with MF/F 100/10 mcg BID and MF 100 mcg BID was assessed. Baseline was the average of % predicted FEV1 values at 30 min pre-dose and 0 min. The 0-60 minute AUC was averaged to demonstrate the efficacy of MF/F 100/10 mcg BID, compared with MF 100 mcg BID, by evaluating lung function of double-blind treatment in children ages 5–11 years with persistent asthma. Missing data were imputed using control-based multiple imputations with the constrained Longitudinal Data Analysis (cLDA) model. Adjustment variables for the cLDA model included time (study visits), age strata (ages 5-7, 8-11), treatment by time interaction, and region (US, Ex-US). The analysed population included participants who received at least one dose of randomised trial medication with at least one primary efficacy evaluation.	
End point type	Primary
End point timeframe:	
Baseline and 5, 15, 30 and 60 minutes after dosing on Day 1, Day 8 (Week 1), Day 29 (Week 4), Day 57 (Week 8), and Day 85 (Week 12)	

End point values	MF/F MDI 100/10 mcg BID	MF MDI 100 mcg BID		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	91	90		
Units: Liters				
arithmetic mean (standard deviation)				
Baseline	79.21 (± 11.44)	78.48 (± 12.79)		
Averaged Across Day 1 and Weeks 1, 4, 8, and 12	88.20 (± 11.42)	82.44 (± 11.67)		
Change from Baseline	8.99 (± 8.29)	3.96 (± 5.92)		

## Statistical analyses

<b>Statistical analysis title</b>	MF/F 100/10 mcg MDI BID vs MF 100 mcg MDI BID
Statistical analysis description:	
Comparative analysis of MF/F vs MF for the change from baseline in % predicted FEV1 at 5, 15, 30 and 60 minutes post-dose on Day 1, Day 8 (Week 1), Day 29 (Week 4), Day 57 (Week 8), and Day 85 (Week 12)	
Comparison groups	MF MDI 100 mcg BID v MF/F MDI 100/10 mcg BID
Number of subjects included in analysis	181
Analysis specification	Pre-specified
Analysis type	superiority
P-value	< 0.001
Method	cLDA with multiple imputation
Parameter estimate	LSM Difference
Point estimate	5.21
Confidence interval	
level	95 %
sides	2-sided
lower limit	3.21
upper limit	7.2

### Primary: Participants Experiencing At Least One Adverse Event (AE)

End point title	Participants Experiencing At Least One Adverse Event (AE) <sup>[1]</sup>
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End point description:

An Adverse Event (AE) is defined as any unfavourable and unintended sign (including an abnormal laboratory finding, for example), symptom, or disease temporally associated with the use of a medicinal product or protocol-specified procedure, whether or not considered related to the medicinal product or protocol-specified procedure. Any worsening (i.e., any clinically significant AE change in frequency and/or intensity) of a preexisting condition temporally associated with the use of the Sponsor's product, is also an AE. Safety summaries, including the number and percentage of participants, were provided for AEs, serious AEs (SAEs), drug-related AEs, and treatment discontinuations due to AEs. The analysed population was all randomised participants who received at least one dose of trial medication and had follow-up.

End point type	Primary
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End point timeframe:

Up to 26 weeks

Notes:

[1] - No statistical analyses have been specified for this primary end point. It is expected there is at least one statistical analysis for each primary end point.

Justification: Safety summaries were provided for AEs in accordance with the statistical analysis plan

<b>End point values</b>	MF/F MDI 100/10 mcg BID	MF MDI 100 mcg BID		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	91	90		
Units: Number of Participants				
Participants with At Least 1 AE	37	52		
Participants with SAEs	1	2		
Participants with Drug-Related Nonserious AEs	1	4		
Participants with Drug-Related SAEs	0	0		

## Statistical analyses

No statistical analyses for this end point

### Primary: Participants Discontinuing From Study Medication Due to an AE

End point title	Participants Discontinuing From Study Medication Due to an
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End point description:

An Adverse Event (AE) is defined as any unfavourable and unintended sign (including an abnormal laboratory finding, for example), symptom, or disease temporally associated with the use of a medicinal product or protocol-specified procedure, whether or not considered related to the medicinal product or protocol-specified procedure. Any worsening (i.e., any clinically significant AE change in frequency and/or intensity) of a preexisting condition temporally associated with the use of the Sponsor's product, is also an AE. The analysed population was all randomised participants who received at least one dose of trial medication.

End point type	Primary
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End point timeframe:

Up to 24 weeks

Notes:

[2] - No statistical analyses have been specified for this primary end point. It is expected there is at least one statistical analysis for each primary end point.

Justification: Safety summaries were provided for AEs in accordance with the statistical analysis plan

End point values	MF/F MDI 100/10 mcg BID	MF MDI 100 mcg BID		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	91	90		
Units: Number of participants				
Participants Who Discontinued Treatment Due to AE	0	3		

## Statistical analyses

No statistical analyses for this end point

### Secondary: Change from Baseline AM Post-Dose Percent Predicted FEV1 on Day 1 of Treatment

End point title	Change from Baseline AM Post-Dose Percent Predicted FEV1 on Day 1 of Treatment
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End point description:

The key secondary objective was to determine the onset of action for the efficacy of MF/F MDI 100/10 mcg BID, compared with MF MDI 100 mcg BID. The post-dose AM % predicted FEV1 was averaged sequentially, and the change from baseline on Day 1 was assessed. This key secondary endpoint was controlled for multiplicity in a step-down fashion, based on trial success defined as a statistically significant improvement in the primary endpoint for MF/F vs MF. Missing data were imputed using control-based multiple imputations with the cLDA model. The analysed population was all participants who received at least one dose of randomised medication with at least one efficacy evaluation.

End point type	Secondary
End point timeframe:	
Baseline and Day 1, assessed at 4 h, 2 h and 60, 30, 15 and 5 min post-dose	

End point values	MF/F MDI 100/10 mcg BID	MF MDI 100 mcg BID		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	91	90		
Units: Liters				
arithmetic mean (standard deviation)				
Baseline	79.21 (± 11.44)	78.48 (± 12.79)		
Change from Baseline (5 min post-dose on Day 1)	5.20 (± 6.93)	0.95 (± 4.33)		
Change from Baseline (15 min post-dose on Day 1)	8.00 (± 7.12)	1.38 (± 4.42)		
Change from Baseline (30 min post-dose on Day 1)	9.56 (± 7.02)	3.05 (± 4.99)		
Change from Baseline (60 min post-dose on Day 1)	11.05 (± 8.51)	4.92 (± 6.06)		
Change from Baseline (2 hr post-dose on Day 1)	12.71 (± 9.53)	5.87 (± 6.52)		
Change from Baseline (4 hr post-dose on Day 1)	11.61 (± 10.31)	5.68 (± 7.38)		

## Statistical analyses

<b>Statistical analysis title</b>	MF/F 100/10 MDI BID vs MF 100 mcg MDI BID
Statistical analysis description:	
Comparative analysis of MF/F vs MF for the change from baseline in % predicted FEV1 at 5 minutes post-dose on Day 1. This endpoint was multiplicity controlled.	
Comparison groups	MF/F MDI 100/10 mcg BID v MF MDI 100 mcg BID
Number of subjects included in analysis	181
Analysis specification	Pre-specified
Analysis type	superiority
P-value	< 0.001
Method	cLDA with multiple imputation
Parameter estimate	LSM Difference
Point estimate	4.2
Confidence interval	
level	95 %
sides	2-sided
lower limit	2.5
upper limit	5.91

<b>Statistical analysis title</b>	MF/F 100/10 mcg MDI BID vs MF 100 mcg MDI BID
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**Statistical analysis description:**

Comparative analysis of MF/F vs MF for the change from baseline in % predicted FEV1 at 15 minutes post-dose on Day 1. This endpoint was multiplicity controlled.

Comparison groups	MF/F MDI 100/10 mcg BID v MF MDI 100 mcg BID
Number of subjects included in analysis	181
Analysis specification	Pre-specified
Analysis type	superiority
P-value	< 0.001
Method	cLDA with multiple imputation
Parameter estimate	LSM Difference
Point estimate	6.64
Confidence interval	
level	95 %
sides	2-sided
lower limit	4.89
upper limit	8.39

**Statistical analysis title**

MF/F 100/10 mcg MDI BID vs MF 100 mcg MDI BID

**Statistical analysis description:**

Comparative analysis of MF/F vs MF for the change from baseline in % predicted FEV1 at 30 minutes post-dose on Day 1. This endpoint was multiplicity controlled.

Comparison groups	MF/F MDI 100/10 mcg BID v MF MDI 100 mcg BID
Number of subjects included in analysis	181
Analysis specification	Pre-specified
Analysis type	superiority
P-value	< 0.001
Method	cLDA with multiple imputation
Parameter estimate	LSM Difference
Point estimate	6.89
Confidence interval	
level	95 %
sides	2-sided
lower limit	5.1
upper limit	8.67

**Statistical analysis title**

MF/F 100/10 mcg MDI BID vs MF 100 mcg MDI BID

**Statistical analysis description:**

Comparative analysis of MF/F vs MF for the change from baseline in % predicted FEV1 at 60 minutes post-dose on Day 1. This endpoint was multiplicity controlled.

Comparison groups	MF/F MDI 100/10 mcg BID v MF MDI 100 mcg BID
Number of subjects included in analysis	181
Analysis specification	Pre-specified
Analysis type	superiority
P-value	< 0.001
Method	cLDA with multiple imputation
Parameter estimate	LSM Difference
Point estimate	6.19

Confidence interval	
level	95 %
sides	2-sided
lower limit	4.09
upper limit	8.28

<b>Statistical analysis title</b>	MF/F 100/10 mcg MDI BID vs MF 100 mcg MDI BID
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Statistical analysis description:

Comparative analysis of MF/F vs MF for the change from baseline in % predicted FEV1 at 2 hours post-dose on Day 1. This endpoint was multiplicity controlled.

Comparison groups	MF/F MDI 100/10 mcg BID v MF MDI 100 mcg BID
Number of subjects included in analysis	181
Analysis specification	Pre-specified
Analysis type	superiority
P-value	< 0.001
Method	cLDA with multiple imputation
Parameter estimate	LSM Difference
Point estimate	7.04
Confidence interval	
level	95 %
sides	2-sided
lower limit	4.74
upper limit	9.35

<b>Statistical analysis title</b>	MF/F 100/10 mcg MDI BID vs MF 100 mch MDI BID
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Statistical analysis description:

Comparative analysis of MF/F vs MF for the change from baseline in % predicted FEV1 at 4 hours post-dose on Day 1. This endpoint was multiplicity controlled.

Comparison groups	MF/F MDI 100/10 mcg BID v MF MDI 100 mcg BID
Number of subjects included in analysis	181
Analysis specification	Pre-specified
Analysis type	superiority
P-value	< 0.001
Method	cLDA with multiple imputation
Parameter estimate	LSM Difference
Point estimate	6.05
Confidence interval	
level	95 %
sides	2-sided
lower limit	3.53
upper limit	8.56

## Secondary: Change from Baseline in AM Post-Dose % Predicted FEV1 AUC 0-4 Hours on Day 1 and Week 12

End point title	Change from Baseline in AM Post-Dose % Predicted FEV1 AUC
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## End point description:

The changes from baseline AM post-dose % predicted FEV1 were assessed sequentially based on the average across the 0 to 4 hour post-dose interval on Day 1 and Week 12. These secondary analyses used the cLDA method without multiple imputation. This model is based on the missing at random (MAR) approach. The analysed population was all participants who received at least one dose of randomised medication with at least one efficacy evaluation.

## End point type

Secondary

## End point timeframe:

Baseline, Day 1 and Week 12, measured at 4 hr post-dose time point

End point values	MF/F MDI 100/10 mcg BID	MF MDI 100 mcg BID		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	91	90		
Units: Liters				
arithmetic mean (standard deviation)				
Baseline	79.21 ( $\pm$ 11.44)	78.48 ( $\pm$ 12.79)		
Change from Baseline at 4 hr Post-dose on Day 1	7.13 ( $\pm$ 5.35)	2.70 ( $\pm$ 3.09)		
Change from Baseline at 4 hr Post-dose at Week 12	7.56 ( $\pm$ 11.20)	4.87 ( $\pm$ 7.72)		

## Statistical analyses

Statistical analysis title	MF/F 100/10 mcg BID vs. MF 100 mcg BID
Statistical analysis description:	
Comparative analysis of MF/F vs MF for the change from baseline in % predicted FEV1 on Day 1	
Comparison groups	MF/F MDI 100/10 mcg BID v MF MDI 100 mcg BID
Number of subjects included in analysis	181
Analysis specification	Pre-specified
Analysis type	superiority
P-value	< 0.001
Method	cLDA without multiple imputation
Parameter estimate	LSM Difference (4 hr post-dose)
Point estimate	6.32
Confidence interval	
level	95 %
sides	2-sided
lower limit	4.36
upper limit	8.27

Statistical analysis title	MF/F 100/10 mcg BID vs. MF 100 mcg BID
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## Statistical analysis description:

Comparative analysis of MF/F vs MF for the change from baseline in % predicted FEV1 at Week 12

Comparison groups	MF/F MDI 100/10 mcg BID v MF MDI 100 mcg BID
Number of subjects included in analysis	181
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.026
Method	cLDA without multiple imputation
Parameter estimate	LSM Difference (4 hr post-dose)
Point estimate	3.33
Confidence interval	
level	95 %
sides	2-sided
lower limit	0.41
upper limit	6.26

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### Secondary: Change from Baseline in AM Pre-Dose % Predicted FEV1 with MF/F 100/10 mcg BID or MF 100 mcg BID Over the First 12 Weeks of Treatment

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End point title	Change from Baseline in AM Pre-Dose % Predicted FEV1 with MF/F 100/10 mcg BID or MF 100 mcg BID Over the First 12 Weeks of Treatment
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#### End point description:

The change from baseline in AM pre-dose % predicted FEV1 with MF/F 100/10 mcg BID vs MF 100 mcg BID over the first 12 weeks of treatment was assessed. This secondary analysis of the change from baseline used the cLDA method without multiple imputation. This model is based on the MAR approach. The analysed population was all participants who received at least one dose of randomised trial medication with at least one efficacy evaluation.

End point type	Secondary
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#### End point timeframe:

Baseline and Weeks 4, 8, and 12 (Averaged)

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End point values	MF/F MDI 100/10 mcg BID	MF MDI 100 mcg BID		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	91	90		
Units: Liters				
arithmetic mean (standard deviation)				
Baseline	79.21 (± 11.44)	78.22 (± 12.93)		
Change from Baseline (Weeks 4, 8, and 12)	1.51 (± 7.15)	0.44 (± 5.49)		

### Statistical analyses

Statistical analysis title	MF/F 100/10 MDI BID vs MF 100 mcg MDI BID
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#### Statistical analysis description:

Comparative analysis of MF/F vs MF for the change from baseline in AM pre-dose % predicted FEV1 averaged across Weeks 4, 8, and 12

Comparison groups	MF/F MDI 100/10 mcg BID v MF MDI 100 mcg BID
Number of subjects included in analysis	181
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.197
Method	cLDA without multiple imputation
Parameter estimate	LSM Difference
Point estimate	1.63
Confidence interval	
level	95 %
sides	2-sided
lower limit	-0.85
upper limit	4.11

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**Secondary: Mean Change from Baseline in Total Daily Use of Short-Acting Beta-Agonist (SABA) Rescue Medication with MF/F 100/10 mcg BID or MF 100 mcg BID Over the First 12 Weeks of Treatment**

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End point title	Mean Change from Baseline in Total Daily Use of Short-Acting Beta-Agonist (SABA) Rescue Medication with MF/F 100/10 mcg BID or MF 100 mcg BID Over the First 12 Weeks of Treatment
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End point description:

To evaluate the efficacy of MF/F MDI 100/10 mcg BID compared with MF MDI 100 mcg BID, the change from baseline in total daily short-acting beta agonist (SABA) use (puffs per day) was averaged and assessed. All participants received SABA MDIs (albuterol 90 mcg or salbutamol 100 mcg) for as needed relief of asthma symptoms. This secondary analysis of the change from baseline used the cLDA method without multiple imputation. This model is based on the MAR approach. The analysed population included all participants who received at least one dose of randomised trial medication with at least one efficacy evaluation.

End point type	Secondary
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End point timeframe:

Baseline and Weeks 1-12 (Averaged)

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End point values	MF/F MDI 100/10 mcg BID	MF MDI 100 mcg BID		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	91	90		
Units: Puffs				
arithmetic mean (standard deviation)				
Baseline	0.25 (± 0.66)	0.13 (± 0.50)		
Change from Baseline Over Weeks 1-12 (Average)	-0.12 (± 0.58)	-0.02 (± 0.52)		

**Statistical analyses**

Statistical analysis title	MF/F 100/10 MDI BID vs MF 100 mcg MDI BID
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**Statistical analysis description:**

Comparative analysis of MF/F vs MF for the change from baseline in SABA use over 12 weeks

Comparison groups	MF/F MDI 100/10 mcg BID v MF MDI 100 mcg BID
Number of subjects included in analysis	181
Analysis specification	Pre-specified
Analysis type	superiority
P-value	= 0.968
Method	cLDA without multiple imputation
Parameter estimate	LSM Difference
Point estimate	0
Confidence interval	
level	95 %
sides	2-sided
lower limit	-0.07
upper limit	0.07

**Secondary: Participants Whose SABA Rescue Medication Use Increased Across Weeks 1-12 of the Treatment Period**

End point title	Participants Whose SABA Rescue Medication Use Increased Across Weeks 1-12 of the Treatment Period
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**End point description:**

To evaluate the efficacy of MF/F MDI 100/10 mcg BID compared with MF MDI 100 mcg BID, the number of participants whose use of SABA rescue medication increased in Weeks 1-12 (individually) of the double-blind treatment period was assessed. All participants received SABA MDIs (albuterol 90 mcg or salbutamol 100 mcg) for relief of asthma symptoms. This secondary analysis of the change from baseline used the cLDA method without multiple imputation. This model is based on the MAR approach. The analysed population included all participants who received at least one dose of randomised trial medication with at least one efficacy evaluation.

End point type	Secondary
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**End point timeframe:**

Weeks 1-12 (Averaged)

End point values	MF/F MDI 100/10 mcg BID	MF MDI 100 mcg BID		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	91	90		
Units: Number of Participants	24	34		

**Statistical analyses**

No statistical analyses for this end point

## Adverse events

### Adverse events information

Timeframe for reporting adverse events:

Up to 26 weeks

Adverse event reporting additional description:

All participants who received double-blind treatment

Assessment type	Systematic
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### Dictionary used

Dictionary name	MedDRA
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Dictionary version	20.1
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### Reporting groups

Reporting group title	MF/F MDI 100/10 mcg
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Reporting group description: -

Reporting group title	MF MDI 100 mcg
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Reporting group description: -

Serious adverse events	MF/F MDI 100/10 mcg	MF MDI 100 mcg	
Total subjects affected by serious adverse events			
subjects affected / exposed	1 / 91 (1.10%)	2 / 90 (2.22%)	
number of deaths (all causes)	0	0	
number of deaths resulting from adverse events	0	0	
Injury, poisoning and procedural complications			
Concussion			
subjects affected / exposed	1 / 91 (1.10%)	0 / 90 (0.00%)	
occurrences causally related to treatment / all	0 / 1	0 / 0	
deaths causally related to treatment / all	0 / 0	0 / 0	
Respiratory, thoracic and mediastinal disorders			
Asthma			
subjects affected / exposed	1 / 91 (1.10%)	1 / 90 (1.11%)	
occurrences causally related to treatment / all	0 / 1	0 / 1	
deaths causally related to treatment / all	0 / 0	0 / 0	
Skin and subcutaneous tissue disorders			
Urticaria			
subjects affected / exposed	1 / 91 (1.10%)	0 / 90 (0.00%)	
occurrences causally related to treatment / all	0 / 1	0 / 0	
deaths causally related to treatment / all	0 / 0	0 / 0	
Infections and infestations			

Epididymitis			
subjects affected / exposed	0 / 91 (0.00%)	1 / 90 (1.11%)	
occurrences causally related to treatment / all	0 / 0	0 / 1	
deaths causally related to treatment / all	0 / 0	0 / 0	

Frequency threshold for reporting non-serious adverse events: 5 %

<b>Non-serious adverse events</b>	MF/F MDI 100/10 mcg	MF MDI 100 mcg	
Total subjects affected by non-serious adverse events			
subjects affected / exposed	37 / 91 (40.66%)	52 / 90 (57.78%)	
Respiratory, thoracic and mediastinal disorders			
Asthma			
subjects affected / exposed	10 / 91 (10.99%)	14 / 90 (15.56%)	
occurrences (all)	13	19	
Infections and infestations			
Influenza			
subjects affected / exposed	5 / 91 (5.49%)	3 / 90 (3.33%)	
occurrences (all)	5	4	
Nasopharyngitis			
subjects affected / exposed	2 / 91 (2.20%)	8 / 90 (8.89%)	
occurrences (all)	3	9	
Pharyngitis			
subjects affected / exposed	1 / 91 (1.10%)	6 / 90 (6.67%)	
occurrences (all)	1	6	
Rhinitis			
subjects affected / exposed	0 / 91 (0.00%)	5 / 90 (5.56%)	
occurrences (all)	0	5	
Upper respiratory tract infection			
subjects affected / exposed	9 / 91 (9.89%)	3 / 90 (3.33%)	
occurrences (all)	12	3	

## More information

### Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? Yes

Date	Amendment
04 October 2016	The control-based imputation of missing %-predicted FEV1 data was amended to become part of the primary analysis (it was originally proposed as a sensitivity analysis). The original, primary method of imputation based on the Missing-At-Random assumption, was moved to one of the supportive analyses. Note that the primary endpoint, %-predicted FEV1, remains the same.

Notes:

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### Interruptions (globally)

Were there any global interruptions to the trial? No

### Limitations and caveats

None reported